



# Department of Public Health and Human Services

Developmental Services Division ♦ 111 N. Sanders Rm 307 ♦ PO Box 4210 ♦ Helena, MT 59604-4210 ♦

Voice: 406-444-2995 ♦ Fax: 406-444-0230

Steve Bullock, Governor

Sheila Hogan, Director

Date: June 22, 2018

Subject: EPSDT and CHIP Requests for Autism Treatment Services

This memo is to inform you of the process HMK+ and HMK is utilizing to determine eligibility and prior-authorization of Autism Treatment Services. The services are set up such that a child who may alternate between HMK+ and HMK is seamless. Also included in this memo is the status of eligibility applications and services to-date.

The process to apply for services is as follows:

- ❖ Medicaid EPSDT (HMK+) or CHIP (HMK) Prior Authorization & Certificate of Medical Necessity Form
  - Member Name, Medicaid ID, DOB, Phone #
  - Guardian name and address (not included on form)
  - Medicaid Provider Information (providing requested service)
    - Completed and signed by MT Medicaid Enrolled Board Certified Behavior Analyst (Provider Type #76)
  - Requesting Provider Information
    - Completed and signed by primary health care provider, generally pediatrician or psychiatrist
  - Specific services requested
- ❖ Supporting documentation
  - Any evaluation supporting ASD diagnosis and level of need, any available speech, OT, PT assessments, and current IEP/school evaluations
- ❖ Form and documentation are faxed to EPSDT/HRD (406-444-1861) and then forwarded to DDP via ePass
- ❖ Once a completed form and sufficient documentation is received, a Vineland-II by DDP/state staff is scheduled and administered with the guardian while the member is present (independent and in-person)
- ❖ Desk review and recommendation for services by DDP's psychiatrist
  - Discussion with person who administered Vineland as needed for closer to call case

- ❖ Prior Authorization is entered into the Medicaid Management Information System (MMIS) and Care Span Spreadsheet is uploaded with a CSR
- ❖ Letter of eligibility (high intensity services or low intensity services) or denial is mailed to guardian and emailed to BCBA (fee schedule included for BCBA for first eligible member) with Fair Hearing language
- ❖ Medical Necessity Reviews are to be conducted every 6 months to determine continued eligibility

There was a delay in the implementation of the program due to the additional time it took Board Certified Behavioral Analyst (BCBA/BCBA-D) providers to become licensed and enrolled. At this point, services that have been prior-authorized and delivered have not had claims submitted and reimbursed in MMIS.

The status of services is as follows:

- ❖ According to the Behavior Analyst Certification Board ([www.bacb.com](http://www.bacb.com)), there are currently 35 BCBAs, 4 Board Certified Assistant Behavior Analysts (BCaBAs), and 35 Registered Behavior Technicians (RBTs) in Montana.
  - 26 out of the 35 BCBAs are licensed by Montana's Department of Labor and Industry
  - 2 out of the 4 BCaBAs are licensed by Montana's Department of Labor and Industry
  - 6 out of the 26 licensed BCBAs are enrolled as Montana Medicaid Providers for Autism services
  - The Behavior Analyst Certification Board has additional requirements for BCBAs to become supervisors. They provide guidelines for supervisory activities, but do not set a limit for how many BCaBAs, RBTs, or student interns a BCBA can supervise.
  - The Montana Department of Labor and Industry has limits on supervision in accordance with ARM 24.189.910.
- ❖ DDP has received 30 EPSDT and 0 CHIP requests for Autism Treatment Services.
  - 12 have been prior-authorized for services
  - 8 are having Vineland assessments scheduled and administered with the family
  - 2 are under desk review
  - 8 are incomplete applications pending additional information